adjournment — to catch a plane and return home at a reasonable hour. The resultant "thinned" quorum does not make for good participatory democracy, nor a properly reasoned vote, especially on an important issue that is to determine HMA policy for the next year.

The Bade/Friend Resolution, in essence, recommended that *"the HMA support prescriptive powers for nurse practitioners, only under the following conditions,"* and there were some 10 restrictive conditions spelled out.

(The current policy of the HMA is a blanket NO.)

The lengthy discussion was fraught with attempts to propose amendments. Perhaps the most cogent ones were to change the word "support" to "oppose" and to change the accompanying modifiers from "under ..." to "unless the following conditions are met:" and the other was that both the Medical Practice Act and the Pharmacy Act would have to be amended. The polarization took place between those who favored an absolute "no prescriptive privilege to be given to anyone without an MD degree" to one that "would allow it under close supervision by a licensed MD." Spokespersons for the Hawaii Federation of Physicians and Dentists were the most adamant in favoring the former, whereas others backed the intent of the ad hoc committee as described below.

The unfortunate thing about the discussion and the vote to defeat the Resolution was that the HMA was labeled as being adamant about preserving the status quo. This does not reflect the fact that at the Reference Committee hearings, speakers were evenly divided, some 20 on each side, pro and con.

An HMA poll of its members taken much earlier and prior to debate had indicated, on the other hand, a 63% opposition; 37% — a bit more than a healthy third of our members — favored giving prescriptive rights to CNPs and to Certified Nurse Midwives, *but with restrictions.*

The HMA policy has been criticized for being "not in line with national policy, wherein 38 states do allow prescriptive privileges." However, that is <10% of the truth, because only 3 of the states allow such without MD supervision.

Since the physician is the one responsible, and liable, it should be up to him or her as to the limits of such supervision for the following reasons:

(1) This is already going on in the practice of medicine in many venues;

(2) the capabilities of RNs and other highly trained paramedics have increased tremendously during the past 50 years; however, they are still short of the qualifications of a physician;

(3) One would not expect such a paramedic to want to assume the awesome responsibility of a modern physician, who faces the worrisome prospect of doing more harm than good to the patient with powerful drugs and invasive techniques, and who has been saddled with a huge burden of liability under the law by our society in the case of even a mal-happenstance and in the absence of mal-practice;

(4) therefore, depending on each physician's willingness to assume the responsibility for an extender, depending on the competence and reliability of that extender, depending on the trust between physician and extender, prescriptive powers could be delegated to such extenders, be they registered nurses, trained assistants, optometrists, or psychologists (for starters), who are willing and able to assume responsibility and liability, in close conjunction with a physician who is equally willing to assume the burden of carrying someone besides himself;

(5) the ultimate consideration should be whether the patient would benefit rather than be harmed by such a system of medical practice and not whether it be a matter of whose ox is gored. We prefer the term collaboration with, instead of suprvision by, a physician.

J I Frederick Reppun MD
Editor

The patient's right to die

In this issue of the Journal we have an article emanating from our school of medicine. McDermott et al report on a survey of graduating medical students that assesses what the latter considered to be the most important ethical dilemma that these students faced during their clinical years at the school. It was, indeed, in large measure the doctor-patient-family confrontation with the patient's wish to be allowed to die.

It is interesting to note that the issue was addressed and the survey done several years prior to the Supreme Court's ultimate decision in the Cruzan case in June 1990. One can say that the current rise of this issue to the forefront of attention on the part of the lay community dates from not long before the 1990 Court decision.

However, our young *kahuna haumana lapa'au* had already experienced the dilemma which physicians down through the ages have had to face at the bedside of the dying patient.

The national debate on the dilemma has evolved to a new level: Rational suicide. Our readers might like to be referred to the October 10 issue of the *NEJM,* pp 1100-1102; the Sounding Board has a well thought-out treatise on the subject with a good list of references at the end.

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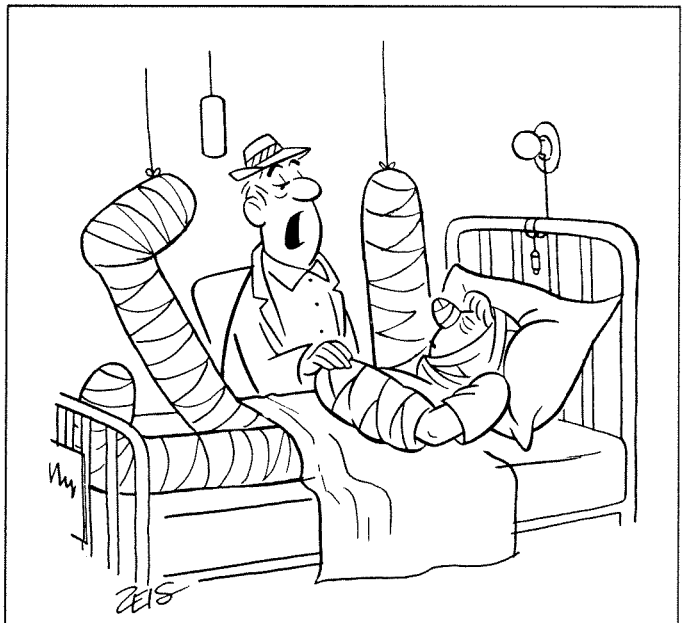
Editor



"Everybody hopes you'll remember next time dear ... ya never walk in front of a TV during a 95-yard punt return!"